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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application	or	Docket	Number
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37784773

CLAIMS AS FILED - (Column			1) (Column 2)				SMALL ENTITY TYPE				OTHER THAN	
TOTAL CLAIMS			(Column t)		(Column 2)		, i			OR	SMALL	
							RATE	FEE		RATE	FEE	
FC	PR 	X	NUMBER F	ILED	NUMB	ER EXTRA	В	ASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			minus 20=		• (5)			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS minus 3 =					* (7=	ر بر د بر		X40=		OR	X80≈	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2					olumn 2	L	TOTAL	353	OR	TOTAL		
CLAIMS AS AMENDED - PART II								•		•	OTHER	THAN
(Column 1) (Column 2) (Column 3)							SMALL E	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A	gali gali galiga	CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=	i :	OR	X\$18=	
AME	Independent	*	Minus	***	T CL AIM]=		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
		· · · · · ·		* . *				TOTAL		OR	TOTAL	
		(Column 1)	•	(Colu	mn 2)	(Column 3)	AL	ODIT. FEE			ADDIT. FEE	
<u></u>		CLAIMS		HIGH	IEST				ADDI-	1 1		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	JLTIPLE DEP	ENDEN	CLAIM		╽┝			Un		
							L	+135=		OR	+270=	
	;						ΑΓ	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	• • •			-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
ပ		CLAIMS REMAINING		HIGH	IEST IBER			1	ADDI-			ADDI-
F		AFTER AMENDMENT	W. Carren	PREVI	OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
AMENDMENT C	Total	*	Minus	**		=		X\$ 9=	<u> </u>	OR	X\$18=	1 1
ME	Independent	*	Minus	***		=						
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				L	X40=		OR	X80=			
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=	
**	If the "Highest Nu	mber Previously Pa	aid For" IN THIS	SSPACE	is less tha	n 20. enter "20."	" AE	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

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PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2001												
CLAIMS AS FILED - PART I (Column 1) (Column 2)						mn 2)		SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS								RATE	FEE		RATE	FEE
FOR .		NUMBER FILED		NUMBER EXTRA		ВА	SIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			เ - เกเกนร 20=		* *		×	(\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			⊸ mi	nus 3 =	*	_	\ \ \ \	(42=		OR	X84=	
MU	ILTIPLE DEPEN	DENT CLAIM PF	RESENT				+	140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2	T	LATC		OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SI	MALL E	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA	R	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total	*	Minus	-2	D	=] [x	(\$ 9=	9	OR	X\$18=	
MEN	Independent	. 3	Minus	***	3	=	X	(42=	-	OR	X84=	
<	FIRST PRESE	NTATION OF MU	JLTIPLE DE	PENDEN	T CLAIM		1	140=		OR	+280=	
								TOTAL IT. FEE	9		TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)		/11. CEE (_		
AMENDMENT B	•	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER	PRESENT EXTRA] [RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
TOMI	Total	*	Minus	**		=] ×	(\$ 9=		OR	X\$18=	
MEN	Independent	*	Minus	***	F.O: 11	=	[>	(42=		OR	X84=	
<u> </u>	FIRST PRESE	NTATION OF MU	JLTIPLE DE	PENDEN	CLAIM	L	<u> </u>	140=		OR	+280=	
							ADD	TOTAL IT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
OM OM OM OM OM OM OM OM OM OM OM OM OM O	Total	*	Minus	**		=	X	(\$ 9=		OR	X\$18=	
MEN	Independent	*	Minus	***	= [1 ,	(42=		OR	X84=	
lacksquare	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIN		┙┞	140=		OR	+280=	
•	If the entry in colu	mn 1 is less than t	ne entry in col	umn 2, writ	te "0" in co	olumn 3.	L	TOTAL		OR	TOTAL	
**	If th "Highest Nu	mber Previously Pa mber Previously Pa mber Previously Pa	aid For IN TH	IS SPACE	is less th	an 20, enter 20		or. FEE	propriate bo		ADDIT. FEE	